

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10 824561** FILING DATE **4-15-06**
APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT ALZHOEIMERS		APPLICANT ALZHOEIMERS	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
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16	1					
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49						
50						
TOTAL IND.	3	1		1		1
TOTAL DEP.	16					
TOTAL CLAIMS	19					

	CHD	DEP	CHD	DEP	CHD	DEP
51						
52						
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99						
100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						